Please type a plus sign (†) inside this box

PTC/SB/08B (10-96)
Approved for use through 10/31/99. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Persons are required to respond to a collection of information unless it contains a valid OMB control number. Under the Paperwork Reduction of 1995.

Substitu	ute for form 1449B/PTO	Co	Complet if Known	
	•	Application Number	09/853,753	
INF	ORMATION DISCLOSURE	Filing Date	May 14, 2001	
STA	TEMENT BY APPLICANT	BY APPLICANT First Named Inventor B ch-Hansen		
<b>U</b> .,		Group Art Unit	not assigned	
	(use as many sheets as necessary)	Examiner Name	not assigned	
heet	1 of 1	Attorney Docket Number	45499.2	

		Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the	
xaminer nitials*	Cite No. <sup>1</sup>	item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²
OC	AA	Loss of Function Mutations in a Calcium-Channel <b>(X 1</b> subunit gene in Xp11.23 cause incomplete X-linked congenital stationary night blindness - Paper by Bech-Hansen, et al. July, 1998.	
œ	AE	Mutations in NYX, encoding the leucine-rich proteoglycan nyctalopin, cause X-linked incomplete cogenital stationary night blindness - Paper by Bech-Hansen et al. November, 2000.	
Oc	AC	Evidence for Genetic Heterogeneitv in X-linked Cogenital Stationarv Night Blindness - Paper by Bech- Hansen, et al published April 7, 1998.	
oc	AD	Leucine-Rich Repeat Glycoproteins of the Extracellular Matrix - Paper by Hocking, et al. accepted January 29, 1998.	

Cleung Sun Examiner Date 03/20/02 Signature Considered

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>&</sup>lt;sup>1</sup> Unique citation designation number. <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.